



State of Iowa

Delta Dental Insurance Retired/Disabled Group

October 26, 2007 - November 26, 2007

New Rates for 2008

Single
\$25.38

Family
\$68.02

For more information, visit

Delta Dental's website:
www.deltadentalia.com

DAS-HRE website at:
www.das.hre.iowa.gov/benefits.html

Or call

Delta Dental
1-800-544-0718

State of Iowa
1(515) 281-6124

Return applications to:

Dept. of Administrative Services,
Human Resources Enterprise
Attn: Rachel Orris
Hoover Building Level A
1305 E. Walnut,
Des Moines, IA 50319

New Information for 2008

- The Enrollment and Change Period for Dental Insurance will run from October 26, 2007 through November 26, 2007.
- During this Enrollment and Change Period we are offering OPEN dental enrollment*.
- New dental rates are listed for single or family coverage; we do not offer rates for a retiree-plus one family.
- The new premium amounts will be reflected on your monthly billing statement or through your automatic withdrawal process with the January 2008 premium payment.
- This correspondence is your notification of the new Delta Dental premium rates for Retired/Disabled members as of January 1, 2008.

*OPEN Dental Enrollment

OPEN Dental Enrollment Opportunity for Retired/Disabled Members. **Currently enrolled Delta Dental Retired/Disabled members will have an OPEN dental enrollment opportunity** during this year's Enrollment and Change Period. During this time period, current members may add eligible family members to their existing dental plan. The effective date of coverage for the newly added members will be January 1, 2008.

If you wish to make a change, you must obtain a Delta Dental Application either from your former department's Personnel Assistant or directly from Delta Dental. Please identify yourself as a former State of Iowa employee enrolled in the Retired/Disabled dental group. The application form must be signed and received by the Department of Administrative Services - Human Resources Enterprise (DAS-HRE) no later than **November 26, 2007**. **Please write "Retired/Disabled OPEN Dental" on the top of your application form.**

If you do not wish to make any changes, no action is required.